

New Avenues to Independence

Special Event Volunteer Application

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Volunteer Group/School _____

Would you like to receive additional information on New Avenues and upcoming volunteer opportunities: _____ Yes _____ No

Volunteer Indemnification Agreement

The undersigned Volunteer for New Avenues to Independence, Inc. agrees to indemnify, defend, and hold harmless New Avenues to Independence, Inc. and all of its officers, staff, residents from any claims, demands, or causes of action; including related expenses, attorney's fees, and costs based on, arising out of, or in any way related to the event / activity participation undertaken by Volunteer here under.

_____ I will allow my photo to be used in newsletters and/or on the website

_____ I will not allow my photo to be used in newsletters and/or on the website

Local emergency contact

Name: _____ Relationship: _____

Phone Number

PLEASE LIST ANY HEALTH ISSUES THAT WOULD AFFECT CARE IN AN EMERGENCY:

Volunteer Signature

Date

Parent / Guardian Signature
(if Group Volunteer under 18 years of age)

Date

Please return to:
Heidi Lamb, Resource Development Coordinator
New Avenues to Independence
17608 Euclid Ave., Cleveland, Ohio 44112
hlamb@newavenues.net
Phone: 216-481-1909 ext. 221 Fax: 216-481-2050